

<b>PATENT – POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Patent Number</b> 7,883,529	
		<b>Issue Date</b> February 8, 2011	
		<b>First Named Inventor</b> Margaret Mary Sinnott	
		<b>Title</b>	THREADED SUTURE ANCHOR AND METHOD OF USE
		<b>Attorney Docket No.</b> OSTEONICS 3.0-749 CON	

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.  
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I am the:

☐ Inventor, having ownership of the patent.  
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☒ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Inventor or Patent Owner**

Signature	Date
Name	Telephone
Title and Company	

Group President, Orthopaedics, STRYKER CORPORATION

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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